

June 13, 2003

Re: MDR #: M2-03-0880-01

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation.

Brief Clinical History:

This female claimant injured her back in a work-related accident on _____. She has had two low back surgeries, the latter being in January 2002. She has sustained a fusion at L4-5 and L5-S1. Her complaints have included unchanging pain in the low back and weakness in the right lower extremity, as well as numbness and tingling in the right foot. She has had hardware removal without any change in the pain.

On 04/15/02, the treating doctor noted that the patient had lumbar facet blocks in March 2002 and had complete pain relief for about six hours. At that time, the patient stated that it was the "...first time the pain had ever gone away".

Disputed Services:

Lumbar discogram at L3-4, L4-5, and L5-S1.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that discograms are not medically necessary in this case.

Rationale for Decision:

Discography prior to diagnostic medial branch blocks is not medically necessary or appropriate in this case.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or

other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on June 13, 2003.

Sincerely,